

<i>Index of Claims</i>				Application No. <i>01609722</i>	Applicant(s)
				Examiner	Art Unit
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> = Allowed		<input type="checkbox"/> - (Through numeral) <input checked="" type="checkbox"/> + Cancelled		<input type="checkbox"/> N Non-Elected <input checked="" type="checkbox"/> I Interference	<input type="checkbox"/> A Appeal <input checked="" type="checkbox"/> O Objected
Claim		Date		Claim	Date
Final	Original			Final	Original
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